State of California, California Regional Water Quality Control Board, Central Coast Region 895 Aerovista Place, Suite 101 San Luis Obispo, CA 93401

For RWQCB use only							
AW							
PUR							
Staff							

I) NOTICE OF INTENT TO COMPLY WITH TERMS OF THE CONDITIONAL WAIVER FOR IRRIGATED AGRICULTURE (RESOLUTION NO. R3-2004-0117)

(See NOI Instructions)

1.	FARM	OPERAT	ION IN	IFORM/	ATION
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2.

3.

4.

5.

6.

FARM OPERATION INFORMATION				
Farm Operation/Business:				
Contact Name:				
Contact Title:				
Contact Address:		Billing Add	lress:	
C:4		O:t		_
City:		City:		7 :
State: Zip:		State:		Zip:
Contact Phone No.: Email Address:	Fax No.: Language Preference:			
MONITORING PROGRAM SELECTION	l (Pleas			
Cooperative Monitoring Program		Individual M		
lote: Individual Monitoring requires that the applicant formats specified by the adopted RWQCB Monitoring requires and individual applicants of the rogram selection on the NOI instruction form.	itoring and	d Reporting Pro	gram. The C	Cooperative Monitoring
HOURS OF CERTIFIED EDUCATION				
Hours of Certified Education Completed	ı	Hours		
FARM PLAN				
Has a Farm Plan Been Completed?		YES		NO
ADDITIONAL DOCUMENTS THAT MUST a. Ranch Information Sheets b. Ranch map(s) as submitted to Count equivalent c. Certificate(s) of Water Quality Educa	ty Agricı			
CERTIFICATION certify under penalty of law that this document are accordance with a system designed to assure the formation submitted. Based on my inquiry of the rectly responsible for gathering the information, the accurate, and complete. I am aware that the ele possibility of fine and imprisonment for knowing	nat qualifice person of the informant re are sign great of the person of	ed personnel promoted promoted promoted in the second person who is ation submitted inficant penalties.	operly gather nanage the s is to the best s for submitti	red and evaluated the system, or those persons t of my knowledge and beling false information, includ
Print Name:				
Signature:(Responsible Party)		Date:		
(Responsible Party)				